	Fill in this information to identify the case:				
	United States Bankruptcy Court for the: Eastern District of _New York				
kia	Case number (If known):	Chapter 7			

OLERN U.S. BANKRUPTCY COUNT EASTERN DISTRICT OF NEW YORK

2017 JAN 19 A 11: 55

RECEIVED Check if this is an amended filling

Official Form, 105

Involuntary Petition Against an Individual

12/15

Use this form to begin a bankruptcy case against an individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against a Non-individual* (Official Form 205). Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write name and case number (if known).

Pa	art 1: Identify the Chapt	r of the Bankruptcy Code Under Which Petition Is Filed	
1.	Chapter of the Bankruptcy Code	Check one: ☑ Chapter 7 ☐ Chapter 11	
Pa	Identify the Debto		
2.	Debtor's full name	Nataliya First name	
***************************************	•	Middle name Dobrer Last name	
		Suffix (Sr., Jr., II, III)	
3.	Other names you know the debtor has used in the last 8 years	none	
	Include any assumed, married, maiden, or trade names, or doing business as names.		
4.	Only the last 4 digits of debtor's Social Security	☑ Unknown	
	Number or federal Individual Taxpayer Identification Number (ITIN)	xxx - xx	
5.	5. Any Employer Identification Numbers (EINs) used in the last 8 years	☑ Unknown	
		EIN	***************************************
<u>.</u>		EIN	

Case number (if known)__

Nataliya Dobrer

Debtor

6. Debtor's addres	Princip S	al residence			Malling address, if dif	erent from residence
	3541 S Number	Shore Parkway			Number Street	
`	Unit b	2			** -	
	Brook City	lyn, NY	NY State	11235 ZIP Code	City	State ZIP Code
	Kings					,
		al place of business			ファント (1) (4)	
	grading congress					
	Number	Street				,
,	City	·	State	ZIP Code		
	County					
7. Type of busines	ss 💆 De	btor does not operate a	a bu s iness			
	Check	one if the debtor operat	tes a busine	ess:		
	_	alth Care Business (as				
		ngle Asset Real Estate ockbroker (as defined in			9 101(518))	
		mmodity Broker (as de			(6))	
	□ No	ne of the above				
8. Type of debt	Each p	etitioner believes:				•
					umer debts are defined in family, or household purpo	
					ess debts are debts that we ion of the business or inve	re incurred to obtain money stment.
9. Do you know of			***************************************			
bankruptcy cas pending by or a	gainst 🖵 Ye	s. Debtor			Relationsh	ip
any partner, spe affiliate of this o	ouse, or lebtor?	District		Date filed _	Case num	ber, if known
		Debtor			Relationsh	ip

Debtor INAtallya DODIE	Case number (if known)	
Part 3: Report About the	Case	
10. Venue Reason for filing in this court.	 Check one: ✓ Over the last 180 days before the filing of this bankruptcy, the debtor has resided, had the probusiness, or had principal assets in this district longer than in any other district. ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in Other reason. Explain. (See 28 U.S.C. § 1408.) 	n this district.
11. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying such debtor's debts as they become due, unless they are bona fide dispute as to liability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or authorized to take charge of less than substantially all of the property of the debtor for the pulien against such property, was appointed or took possession.	r agent appointed or
12. Has there been a transfer of any claim against the debtor by or to any petitioner?	 ✓ No ✓ Yes. Attach all documents that evidence the transfer and any statements required under Bar 1003(a). 	ıkruptcy Rule
13. Each petitioner's claim	Name of petitioner Nature of petitioner's claim Eran Matalon services rendered	Amount of the claim above the value of any lien \$ 15,500.00
		\$
	Total	\$ 15,500.00
	If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.	·

Case 1-17-40215-cec Doc 1 Filed 01/19/17 Entered 01/19/17 12:06:13

Debtor	Nataliya Dobrer		Case	e number (if known)		
Part 4:	Request for Relief					
credito	ners request that an order for relief be ento or is a corporation, attach the corporate ow entative appointed in a foreign proceeding	nership statement require	ed by Bankruptcy Ri	ule 1010(b). If any	petitioner is a	
false s	ners declare under penalty of perjury that tatement, they could be fined up to \$250,0 s.C. §§ 152 and 3571. If relief is not ordere	000 or imprisoned for up t	o 5 years, or both.			
Petitic	oners or Petitioners' Representative		Attorneys			
	are of petitioner or representative, including repre		Signature of attorn	ey		
	AN MATALON name of petitioner		Printed name			
Date si	gned 01/19/2017 MM / DD / YYYY		Firm name, if any			
Mailin	g address of petitioner		Number Street			
	Ave M	<u></u>	City		State	ZIP Code
		ZIP Code	Date signedN	M / DD / YYYY		
Gity	State	211 0000	Contact phone _		Email	
If peti	tioner is an individual and is not repres	ented by an				
Contac	929-393-6364					
Email	eran.matalon1@gmail	i.con				
Name	and mailing address of petitioner's rep	presentative, if any				**************************************
Name						

Number Street

City

ZIP Code

State

btor Nataliya Dobrer	Case number (if known)
¢	*
Signature of petitioner or representative, including representative's title	Signature of Attorney
Printed name of petitioner	Printed name
Date signed MM / DD / YYYY	Firm name, if any
Mailing address of petitioner	Number Street
	City State ZIP Code
Number Street	Date signed
City State ZIP Code	MM / DD / YYYY
	Contact phone Email
Name and mailing address of petitioner's representative, if any	
Name	
Number Street	
Trumps. Shock	
City State ZIP Code	
	×
Signature of petitioner or representative, including representative's title	Signature of Attorney
Printed name of petitioner	Printed name
Finited hante of pendoner	Filited harie
Date signed MM / DD / YYYY	Firm name, if any
	Number Street
Mailing address of petitioner	
Number Street	City . State ZIP Code
······································	Date signed
City State ZIP Code	MM / DD /YYYY
	Contact phone Email
Name and mailing address of petitioner's representative, if any	Contact phone Email
Name	
Number Street	
City State ZIP Code	